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REQUEST FOR WITHDRAWAL AS ATTORNEY OR AGENT **AND CHANGE OF CORRESPONDENCE ADDRESS**

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Application Number	10/801,990		
Filing Date	March 15, 2004		
First Named Inventor			
Art Unit	1641		
Examiner Name			
Attorney Docket Number	SURR.121		

To: Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450						
Please withdraw me as attorney or agent for the abo	ve identified p	atent applicati	on, and			
all the attorneys/agents of record.						
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Name Darla G. Yoerg	ia G. Yoerg		Registration No.		48,053	
Date February 22, 2005	7003		Telephone No.		303-268-0066	
NOTE: Withdrawal is effective when approved rather than when received.	Unless there are	at least 30 days i	between a _l ed	pproval o	of withdrawai	and the expiration

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